County: Manitowoc Facility ID: 3370 Page 1

NORTH RIDGE MEDICAL & REHABILITATION CENTER

1445 NORTH 7TH STREET

MANITOWOC	54220	Phone: (920) 682-0314		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conj	unction with 1	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/05):	121	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/05):	121	Title 19 (Medicaid) Certified?	Yes
Number of Resid	ents on 12/31	/05:	97	Average Daily Census:	97

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)					
Primary Diagnosis	8	Age Groups _	* 	 Less Than 1 Year 1 - 4 Years	29.9 46.4	
Developmental Disabilities	0.0	Under 65	5.2	More Than 4 Years	23.7	
Mental Illness (Org./Psy)	7.2	65 - 74	8.2			
Mental Illness (Other)	2.1	75 - 84	43.3		100.0	
Alcohol & Other Drug Abuse	0.0	85 - 94	32.0			
Para-, Quadra-, Hemiplegic	1.0	95 & Over	11.3	Full-Time Equivalent		
Cancer	0.0			Nursing Staff per 100 Resid	lents	
Fractures	2.1		100.0	(12/31/05)		
Cardiovascular	25.8	65 & Over	94.8			
Cerebrovascular	1.0			RNs	9.1	
Diabetes	2.1	Gender	8	LPNs	10.7	
Respiratory	14.4			Nursing Assistants,		
Other Medical Conditions	44.3	Male	33.0	Aides, & Orderlies	41.7	
		Female	67.0	İ		
	100.0			İ		
		İ	100.0	İ		

Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of	
Int. Skilled Care	0	0.0	0	 7	10.9	141	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	7.2	
Skilled Care	18	100.0	410	55	85.9	121	0	0.0	0	15	100.0	172	0	0.0	0	0	0.0	0	88	90.7	
Intermediate				2	3.1	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.1	
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	18	100.0		64	100.0		0	0.0		15	100.0		0	0.0		0	0.0		97	100.0	

************************************ Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/05 Admissions, Discharges, and ______ Deaths During Reporting Period % Needing Total Percent Admissions from: Activities of % Assistance of % Totally Number of 6.7 Daily Living (ADL) Independent One Or Two Staff Private Home/No Home Health Dependent Residents Private Home/With Home Health 0.0 Bathing 12.4 19.6 97 68.0 21.6 28.9 Other Nursing Homes 0.6 Dressing 61.9 16.5 97 Acute Care Hospitals 90.8 İ 52.6 18.6 97 Transferring Psych. Hosp.-MR/DD Facilities 0.0 Toilet Use 24.7 54.6 20.6 97 Rehabilitation Hospitals 0.0 Eating 78.4 15.5 6.2 97 Other Locations Total Number of Admissions 163 용 Continence Special Treatments Receiving Respiratory Care Percent Discharges To: Indwelling Or External Catheter 12.4 11.3 Private Home/No Home Health Receiving Tracheostomy Care 0.0 Occ/Freq. Incontinent of Bladder 40.2 1.0 22.7 Private Home/With Home Health 28.6 Occ/Freq. Incontinent of Bowel Receiving Suctioning 1.0

(Including Deaths) 168 | Receiving Psychoactive Drugs 33.0

4.1

6.2

0.0

Receiving Ostomy Care

Receiving Tube Feeding

Other Resident Characteristics

Have Advance Directives

Medications

Receiving Mechanically Altered Diets 21.6

2.1

0.0

100.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

Other Nursing Homes

Other Locations

Deaths

Acute Care Hospitals

Total Number of Discharges

Rehabilitation Hospitals

3.6

0.0

19.0

0.0

Psych. Hosp.-MR/DD Facilities 0.0 | Physically Restrained

45.2 | Mobility

Skin Care

With Pressure Sores

With Rashes

****************	*******	*****	*****	*****	******	******	******	******	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Proprietary		100	-199	Ski	lled	All	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	8	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80.2	86.8	0.92	88.8	0.90	88.3	0.91	88.1	0.91
Current Residents from In-County	95.9	76.7	1.25	81.0	1.18	70.5	1.36	77.6	1.24
Admissions from In-County, Still Residing	16.0	16.9	0.94	23.7	0.67	20.5	0.78	18.1	0.88
Admissions/Average Daily Census	168.0	168.8	1.00	124.7	1.35	123.5	1.36	162.3	1.04
Discharges/Average Daily Census	173.2	172.6	1.00	127.4	1.36	126.7	1.37	165.1	1.05
Discharges To Private Residence/Average Daily Census	49.5	69.5	0.71	53.4	0.93	50.1	0.99	74.8	0.66
Residents Receiving Skilled Care	97.9	95.0	1.03	96.8	1.01	94.1	1.04	92.1	1.06
Residents Aged 65 and Older	94.8	92.7	1.02	92.1	1.03	92.5	1.03	88.4	1.07
Title 19 (Medicaid) Funded Residents	66.0	67.3	0.98	68.7	0.96	70.2	0.94	65.3	1.01
Private Pay Funded Residents	15.5	18.0	0.86	18.5	0.83	19.0	0.81	20.2	0.77
Developmentally Disabled Residents	0.0	0.6	0.00	0.4	0.00	0.5	0.00	5.0	0.00
Mentally Ill Residents	9.3	29.4	0.32	38.6	0.24	37.2	0.25	32.9	0.28
General Medical Service Residents	44.3	28.0	1.58	24.6	1.80	23.8	1.86	22.8	1.95
Impaired ADL (Mean)	41.9	48.0	0.87	48.5	0.86	47.2	0.89	49.2	0.85
Psychological Problems	33.0	53.5	0.62	57.4	0.58	58.9	0.56	58.5	0.56
Nursing Care Required (Mean)	5.4	6.8	0.80	7.1	0.76	7.1	0.76	7.4	0.73